

Health and Social Care Board

Thursday 17 February 2011
6.30 pm
160 Tooley Street, London SE1 2TZ

Supplemental Agenda No.1

List of Contents

Item No.	Title	Page No.
11.	FINANCIAL OVERVIEW AND SHARED FUNDING	1 - 15

Contact

Everton Roberts, Southwark Constitutional Team 020 7525 7221
Vicky Bradding, Corporate Secretary, Primary Care Trust 020 7525 0408

Date: 14 February 2011

Item No. 11.	Classification: Open	Date: 17 February 2011	Meeting Name: Health & Social Care Board
Report title:		Financial overview and shared funding	
Ward(s) or groups affected:		All	
From:		Malcolm Hines, Director of Resources, NHS Southwark Carl Rushbridge, Departmental Finance Manager, Southwark Council	

1 RECOMMENDATIONS

- 1.1 To note the current financial position of Health & Social Care and the three operational pooled budgets set up under Section 75 of the National Health Service Act 2006.
- 1.2 To agree a 60/40 risk share for the Community Equipment pooled budget in the event of any overspend in 2010/11, as set out in paragraph 4.
- 1.3 PCT Board to agree the transfer of £5.2 million from NHS Southwark to Southwark Council for 2011/12 under Section 256 of the National Health Service Act 2006, for the purpose of adult social care activity which benefits health, as set out in paragraph 5.

2 PURPOSE OF REPORT

- 2.1 This report updates the Health & Social Care Board on the overall financial position of the PCT, Southwark Adult Social Care Services and the three operational pooled budgets. It also reports on the shared and transfer budget arrangements, for 2010/11 and 2011/12, in line with the NHS Operating Framework, December 2010, and the Comprehensive Spending Review, October 2010.

3 FINANCE UPATE

3.1 Budgets 2010/11 to 2014/15

- 3.1.1 In October 2010 the Health Secretary announced £70 million of extra funding to PCTs to be spent this financial year across the health and social care system, to enable the NHS to support people back into their homes after a spell in hospital through re-ablement. This grant amounts to £408,000 for Southwark PCT.
- 3.1.2 A further £162 million was announced in January 2011 for “winter pressures”, in 2010/11, equating to £950,140 for Southwark. A report to the PCT Board on 27 January 2011 details the planned uses of these new funds. (Appendix 1)
- 3.1.3 The recently published Local Government settlement sees a reduction in formula grant for Southwark Council of 11.3% in 2011/12 and 7.4% in 2012/13. This is expected to rise to a total reduction of 29% over four years.

3.1.4 Demographic changes and increasing numbers of clients in transition from children's services mean that there will be significant additional pressures on the Council's resources post April 2011, most specifically in learning disability services.

3.2 Social Care Budget position at 31 December 2010 (Month 9)

3.2.1 The position at Month 9 is a projected overspend at year end of £0.8 million on a gross budget of £146.2 million. The main reason for variance is pressure in learning disability services and delays in delivering the 2010/11 savings programme. Management action is underway to mitigate these pressures and the end of year position is expected to show an improvement which should lead to a break-even position.

3.3 PCT Budget position at 31 December 2010 (Month 9)

3.3.1 The overall financial position has deteriorated as a result of further increases in acute activity in November 2010. As at Month 9 acute budgets are overspent by £3.2 million with a forecast overspend, without mitigations, of £2.9 million. It is critical that these budgets do not overspend and the PCT has agreed a detailed contingency package with the sector. The PCT continues to work with the South East London sector to understand the reasons for these increases and to agree a set of actions to bring activity back to planned levels. This trend is consistent with other London and sector PCTs and it is encouraging that Southwark is currently reporting the lowest acute overspend in the sector. However, the overall financial position remains challenging. A break-even year end position is projected.

3.3.2 The PCT is on course to achieve its management cost reductions target of 42%. It has been confirmed that NHS London will be funding any associated redundancy and severance costs

4 Pooled Budgets

4.1 Hosting arrangements

4.1.1 Social care is the lead organisation for the learning disabilities and integrated community equipment service whilst the PCT hosts the mental health pooled budget.

4.2 Learning Disabilities Pool

4.2.1 This pooled budget is shared with the Council contributing 66% and the PCT contributing 34%

4.2.2 The forecast position at Month 9 is a potential overspend of £1.5 million. This is on a budget of:

	£000
LB Southwark	24,227
Southwark PCT	<u>11,695</u>
Total	<u>35,992</u>

- 4.2.3 The variance is due to slippage in achieving savings, mainly around the delays in de-registration of clients in the learning disability accommodation project because of contractual complexities and delays by CQC (Care Quality Commission) in processing applications to de-register homes.
- 4.2.4 Pressures on the pooled fund can be offset by allocation of funds from other budgets, which should lead to a break-even position at year end.
- 4.2.5 This is the final year of the pool and risk share arrangements in their current format. From 1 April 2011 funding will transfer to the Council in the form of a new specific grant from the Department of Health.

4.3 Integrated Community Equipment Services

- 4.3.1 This pooled budget is shared with the Council contributing 80% and the PCT contributing 20%. The agreement requires the split to be regularly reviewed to ensure it fairly reflects actual spend.

- 4.3.2 The forecast position at Month 9 is a balanced budget as detailed below

	Budget £000	Forecast £000	Overspend £000
LB Southwark	1,114	1,324	210
Southwark PCT	337	428	92
New re-ablement funding	<u>0</u>	<u>(300)</u>	<u>(300)</u>
Total	<u>1,551</u>	<u>1,551</u>	<u>1</u>

- 4.3.3 A new pan-London framework contract began in May 2010 with an aim of achieving savings of £100,000 in year. The budgets shown above have been adjusted to reflect the saving.
- 4.3.4 The variance is due to a 23% increase in activity from the prior year, coupled with a decrease in returns/recycling of equipment. This has been offset by new re-ablement funding from the Department of Health.
- 4.3.5 In the event that the year end position is an overspend it is proposed that this is shared 60/40 between the Council and the PCT, to more fairly reflect pressures.
- 4.3.6 The future of this pooled budget is unclear at present as staff from the PCT will transfer to Guy's & St Thomas's NHS Foundation Trust. The flow of NHS funding for this arrangement in 2011/12 is not yet known and so attention will be paid to contractual arrangements to ensure a smooth transition. The agreed process of due diligence will consider the implications of the changed arrangements.

4.4 Mental Health Pooled Budget

- 4.4.1 This pooled budget is hosted by the PCT. The contribution is 80% PCT and 20% Council. The forecast position at Month 9 is a break-even position on a budget of:

£000

LB Southwark	10,036
Southwark PCT	<u>40,262</u>
Total	<u>50,298</u>

5 FUNDING FOR 2011/12 VIA HEALTH TO SUPPORT ADULT SOCIAL CARE

- 5.1 The Comprehensive Spending Review and NHS Operating Framework for 2011/12 and beyond set out £1 billion nationally for adult social care to benefit health. This comes via PCT budgets as a separate allocation. A smaller portion (£0.9m) is set aside for re-ablement, to pick up the full year effects of the 2010/11 in-year funding. A larger portion (£4.3 million for Southwark) is for adult care more generally to benefit health.

- 5.2 Transfer arrangements for the £5.2 million have been set out under Section 256 of the National Health Service Act 2006.

- 5.3 There have been subsequent letters of clarification about the purpose of the funds. These letters are set out in appendices:

Appendix 2 Letter from David Behan DH 13 January 2011

Appendix 3 Letter from Ruth Carnall, CE NHS London 21 January 2011

- 5.4 The broad areas of spend so far agreed include:

- continue the provision of Integrated Equipment (ICES)
- facilitate further enhancement of rapid response and assessment services.
- increase investment in assistive technology
- increase investment and capacity for step down services
- ensure the continuation of services for people with mental health issues and learning disabilities.

- 5.5 A joint working group chaired by the Deputy Director of Adult Social Care will provide leadership and governance in respect of joint working to utilise and develop relevant local services.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
HM Treasury: Comprehensive Spending Review (20 October 2010)	Tooley Street	Malcolm Hines
Southwark Council – Cabinet Report ‘Policy & Resourcing Strategy 2011/12-2013/14: Spending Review 2010’ (2 November 2010)	Tooley Street	Everton Roberts
Department of Health ‘A Vision for Adult Social Care: Capable communities and active citizens’ (16 November 2010)	Tooley Street	Susanna White
Department of Health ‘Liberating the NHS: Greater choice and control’ (18 October 2010)	Tooley Street	Susanna White
Southwark PCT Board ‘Winter pressures/re-ablement money for Southwark’ (27 January 2011)	Tooley Street	Vicky Bradding

APPENDICES

No.	Title
Appendix 1	Report to PCT Board – 27 January 2011
Appendix 2	Letter from David Behan, Department of Health – 13 January 2011
Appendix 3	Letter from Ruth Carnall, Chief Executive, NHS London 21 January 2011

AUDIT TRAIL

Lead Officer	Susanna White	
Report Author	Malcolm Hines & Carl Rushbridge	
Version	Final	
Dated	January 2011	
Key Decision?	No key decision to be made.	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No
Finance Director	Yes	No
Director Social Services/ CE PCT	Yes	Yes
Cabinet Member	No	No
Date final report sent to Constitutional Support Services/ PCT dispatch	14 February 2011	

SOUTHWARK PRIMARY CARE TRUST BOARD

I

Date of Trust Board meeting:	27th January 2011
Name of Report:	Winter Pressures / Reablement money for Southwark
Author(s):	Gwen Kennedy
Approved by (name of Director):	Donna Kinnair
Audit trail:	Health & Social Care Senior Management Meeting 6.12.10 Southwark Whole System Intermediate Care / Reablement Strategy Group 13.12.10 Transformation Board 17.1.11

1. Recommendation to the Trust Board

- To note the level of additional monies Southwark has received from the Department of Health in respect of 2010 Winter Pressures (£408,000 (October 2010) and £950,140 (January 2011))
- To note the broad areas of spend that the 2010/11 allocations will support and agree the transfer of the allocation to the Local Authority under Section 256 of the NHS Act 2006.
- To note the £4.4m ring-fenced allocation for 2011/12 in PCT allocations for adult social care services which benefit health.

2. Background / Context

The Department of Health has allocated additional investment for 2010-11 to Primary Care Trusts in England to reduce the impact of winter pressures on the health and social care system. This amounts to £408,000 (October 2010) and £950,140 (January 2011). This is separate to the £4.4m specific monies for post-discharge services and reablement services announced in the Spending Review that have been incorporated within recurrent PCT allocations for 2011-12 as part of the Government's long-term investment in reablement services which support people to live at home independently.

To ensure effective and efficient joined up working between the NHS and Local Government, PCTs are to work together with local authorities to agree jointly on appropriate areas for social care investment, and the outcomes expected from this investment.

3. Key issues for consideration

1. In October 2010 £408,000 winter pressure / reablement money for Southwark was released by the Department of Health. A joint proposal between the PCT and Local Authority was agreed by the Senior Management Team in December 2010 to build on the learning from the Intermediate Care Team, the former Urgent Care Team and the success of the Community Reablement team to support the integration of our current offer and expand the services to develop a new Rapid Response and Access service.

Adult Social Care is leading on the implementation of this in order to achieve a quick win in response to the issues identified by the Urgent Care Network which highlighted a gap in timely social care response at Accident and Emergency, particularly at Guys & St Thomas' Hospital. This response is now in place, and will link to the wider work to remodel intermediate care.

The cost of this expanded service will require a level of on-going additional investment as the existing model was not fully funded, and due to the planned expansion of the offer. The level of additional on-going investment is currently being analysed.

2. A further £162m 'Additional Winter Pressures to Primary Care Trusts' was announced in January 2011 and the Southwark allocation amounts to £950,140. This money is to be transferred to local authorities to invest in social care services to benefit health by way of Section 256 of 2006 NHS Act.

The Southwark Transformation Board has recommended that the additional monies support the following areas of spend:

- To continue the provision of Integrated Equipment (ICES) while work is done to ensure that funding formulas reflect true need. It is important to continue this spend as this facilitates people to live at home with the aid of supportive equipment.
- To facilitate further enhancement of rapid response and assessment services.
- To increase investment in assistive technology to maximise potential for keeping clients out of care and hospital services.
- To increase the investment and capacity for step down services that can be further supported through mainstream budgets from health and social care.
- To ensure the continuation of services for people with mental health issues and learning disabilities.

3. Southwark Council has to make an unprecedented level of savings in 2011/12 onwards. Southwark PCT will transfer the sum of £4.4m ring-fenced monies for joint working to prevent the reduction of front-line social care services at the health interface (eg. Home care, hospital discharge services etc) and to support

transformation of the whole system. This level of reduction means that this money will be essential to ensure some substitution of our current valued services such as the hospital discharge teams.

We are in the process of establishing a clear strategic position in Southwark that underpins a joint health and care strategy on prevention and intermediate care. This includes work with GPs as part of the successful application for pathfinder status.

The Deputy Director of Adult Social Care is Chair of a newly established Whole System Intermediate Care / Reablement Strategic Group that will provide leadership and governance channels in respect of joint working to deliver a robust planning and implementation process for the utilisation and development of relevant local services.

We plan to return to the next Board meeting with the details of our planned commitments and agree transfer arrangements for the £4.4m.

4. Policy and performance implications

Improving reablement services is a national priority and is highlighted in 'A Vision for Adult Social Care'. This agenda will be delivered as part of the South East London Sector Strategic Plan.

The Department of Health has indicated that they will require PCTs to work in partnership with Local Authority to deliver this agenda and this builds on Southwark's existing positive relationships.

5. Risk implications and Actions Taken

Working across the whole system will be required to deliver the change profile required to deliver appropriate joined up services. Strong governance regarding decision making processes must be in place to sustain momentum and developments.

6. Impact statements

This will be taken forward as part of strategic development of services to ensure that key impacts are known and appropriate adjustments are made as required.

Appendices:

- 1) Extract from Operating Framework
- 2) Letters re the 2010/11 monies



To:
 Strategic Health Authority Chief Executives
 Primary Care Trust Chief Executives
 Local Authority Chief Executives
 Directors of Adult Social Services

Department of Health
 Richmond House
 79 Whitehall
 London
 SW1A 2NS

Copy:
 Primary Care Trust Directors of Finance
 Strategic Health Authority Directors of Finance
 Strategic Health Authority Directors of Performance
 Deputy Regional Directors
 Local Government Association
 Association of Directors of Adult Social Services
 NHS Confederation

Gateway Number: 15434

13 January 2011

Dear colleagues,

NHS SUPPORT FOR SOCIAL CARE: 2010/11 – 2012/13

We are writing in the light of recent announcements, including those made at the Spending Review and highlighted in *A Vision for Adult Social Care*¹, about NHS support for social care. PCTs and local authorities have been informed about the separate elements of this support, but this letter sets out for clarity how the different funding streams relate to each other, and the expectations placed on Primary Care Trusts and local authorities in spending these resources.

Support for social care in this financial year

Post-discharge services and re-ablement

On 5 October 2010, the Department announced that an additional £70m would be allocated to PCTs for spending in 2010/11 on services to promote better services for patients upon discharge from hospital.² We set out that PCTs should develop local

1

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508, paragraph 7.1, page 28

² Details at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_120944 and

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508, paragraphs 7.6-7.7, page 29

plans in conjunction with the Local Authority and Foundation Trust/NHS Trusts and community health services on the best way of using this money to facilitate seamless care for patients on discharge from hospital and to prevent avoidable hospital readmissions. It is for local decision how much of this money is spent on NHS services and how much on social care.

A proportion of this funding should be used to develop current re-ablement capacity in councils, community health services, the independent and voluntary sectors according to local needs. Resources can be transferred to local partners, or to pooled budgets, wherever this make sense locally.

We requested that SHAs ensure that each PCT has a local plan including monitoring arrangements, developed with their local authority and local FT/NHS Trusts, in place by the end of December 2010. PCTs should use these plans as a basis for coordinating activity on post-discharge support from 2011/12 onwards, keeping plans and outcomes under review in conjunction with GPs and local authorities.

Winter Pressures Funding

On 4 January 2011, the Department announced a further allocation of £162m to PCTs, for immediate spending on social care services that also benefit the NHS. This funding stream is focused on a broader range of local authority-funded social care services and must be transferred to local authorities to invest in social care services to benefit health, and to improve overall health gain. Transfers will need to be made via an agreement under Section 256 of the 2006 NHS Act.³

PCTs need to work together with local authorities to agree jointly on appropriate areas for social care investment, and the outcomes expected from this investment. The Department would expect these decisions to take into account the Joint Strategic Needs Assessment for their local population, and the existing commissioning plans for both health and social care. PCTs should work with local authorities to achieve these outcomes in a transparent and efficient manner, with local authorities keeping PCTs informed of progress using appropriate local mechanisms.

Examples of the kinds of services that could be invested in are:

- additional short-term residential care places, or respite and intermediate care;
- more capacity for home care support, investment in equipment, adaptations and telecare;
- investment in crisis response teams and other preventative services to avoid unnecessary admission to hospital; and
- further investment in reablement services, to help people regain their independence and reduce the need for ongoing care.

Support for social care in 2011/12 and 2012/13

³ Further details were contained in a letter to PCT, SHA and local authority Chief Executives: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_12328
7

Post-discharge services and re-ablement

The Spending Review and 2011/12 NHS Operating Framework announced further funding to PCTs in financial years 2011/12 and 2012/13 to develop local re-ablement services in the context of the post-discharge support plans submitted to SHAs this December. This funding totals £150m in 2011/12 and £300m in 2012/13, and is contained within recurrent PCT baseline allocations.⁴

This funding is intended specifically to develop current re-ablement capacity in councils, community health services, the independent and voluntary sectors, with the objective of ensuring rapid recovery from an acute episode and reducing people's dependency on social care services following discharge. As with the £70m allocation this financial year, these resources can be transferred to local partners, or pooled budgets established, wherever this make sense locally. Again, it is for local decision how much of this money is spent on NHS services and how much on social care.

From 1 April 2011 there will also be changes to the national tariff which will result in savings for PCTs from the non-payment for certain emergency readmissions to hospital. PCTs will be required to use these savings, alongside the funding of £150m in 2011/12 and £300m in 2012/13, to improve the support available to patients within the 30 days following discharge from hospitals. From 1 April 2012 the responsibility for the care of patients in this period will move to acute care providers and so PCTs will need to work with them, and other agencies to anticipate and prepare for this change. More information is available in the 2011/12 PbR Guidance at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122717

Specific PCT allocations for social care

The 2011/12 NHS Operating Framework also provided details of separate, non-recurrent PCT allocations for social care, totalling £648m in 2011/12 and £622m in 2012/13. This is funding which has been allocated to PCTs, and which they will need to transfer to local authorities to invest in social care services to benefit health, and to improve overall health gain. Transfers will need to be made via an agreement under Section 256 of the 2006 NHS Act.

It is the Department's clear intention that this funding is used for social care purposes. Local authorities have been informed of the expected transfer from PCTs as part of the 2011/12 and 2012/13 local government finance settlement.⁵

This allocation is in addition to the funding for re-ablement services which is contained within recurrent PCT allocations, as detailed above. It should also be additional to any existing pooled budget or lead commissioning arrangements that a PCT may have with a local authority.

⁴ The 2011/12 NHS Operating Framework can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738. Details of the re-ablement funding are on pp. 52-53.

⁵ Details can be found at <http://www.local.communities.gov.uk/finance/1112/grant.htm>. Individual PCT transfers to local authorities are found in the supporting data annex to the consultation on the Transitional Grant for local authorities with the largest reductions in spending power.

As with the £162m of Winter Pressures funding announced for the remainder of the 2010/11 financial year, PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment, and the outcomes expected from this investment. The investment may be used to support and maintain existing services such as telecare, community directed prevention (including falls prevention), community equipment and adaptations, and crisis response services. The Department would expect these decisions to take into account the Joint Strategic Needs Assessment for their local population, and the existing commissioning plans for both health and social care. PCTs should work with local authorities to achieve these outcomes in a transparent and efficient manner, with local authorities keeping PCTs informed of progress using appropriate local mechanisms.

New resources for carers breaks' 2011-2015

On 16 November 2010, the Department announced that new resources of £400m would be made available to the NHS over the next four years to enable more carers to take breaks from their caring responsibilities. The NHS Operating Framework 2011-12 made clear that:

“PCTs should pool budgets with local authorities to provide carers’ breaks, as far as possible, via direct payments or personal health budgets. For 2011/12, PCTs should agree policies, plans and budgets to support carers with local authorities and local carers’ organisations, and make them available to local people.”

Summary

The table below summarises the additional funding provided to PCTs in 2010/11 – 2012/13 to support social care services.

Purpose	2010/11 (£m)	2011/12 (£m)	2012/13 (£m indicative)	How the funding should be used
Development of post-discharge support and re-ablement services	70	150	300	To work with local authorities to develop local re-ablement capacity, according to local plans submitted to SHAs in December 2010. Funding may be transferred to local partners or pooled budgets. It is for local discretion the proportion of spend on the NHS and social care..
To support social care services	162	648	622	Funding must be transferred to local authorities, to spend on social care services which also benefit health. PCTs and local authorities should

				jointly agree how the funding should be spent and the outcomes to be achieved.
--	--	--	--	--

As part of the NHS planning process for 2011/12, DH will seek assurances from SHAs that arrangements are in place for funding to be transferred to LAs and that plans have been jointly agreed between NHS organisations and their local authority partners for delivery of services in line with the Operating Framework for the NHS in England 2011/12.

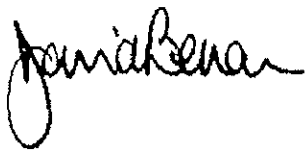
We are clear that this funding provides a unique and excellent opportunity to forge better integrated working between the health and social care systems, for the benefit of patients, service users and carers, as set out in the NHS White Paper, *A Vision for Adult Social Care*, and *Recognised, valued and supported: Next Steps for the Carers Strategy*¹. We are committed to ensuring that individuals are supported to regain and maintain their health and independence, and these additional funding streams will enable us, together, to achieve that aim. It is therefore essential that local partners use this opportunity to push ahead with the joint working arrangements detailed in this letter.

Details of the non-recurrent PCT level allocations to support social care services, which are to be transferred to local authorities, are available together with a copy of this letter at:

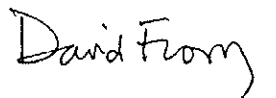
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_123460

The webpage also includes further information about re-ablement services and the changes to the tariff.

Yours sincerely,



David Behan CBE
Director General for Social Care,
Local Government and Care
Partnerships, Department of Health



David Flory CBE
Deputy NHS Chief Executive

Ref: 201101-39

To PCT CEs & Sector CEs

Southside
105 Victoria Street
London SW1E 6QT

www.london.nhs.uk

21 January 2011

Tel: 020 7932 3700

Fax: 020 7932 3800

Dear Colleagues,

David Behan and David Flory wrote to you on 13 January regarding NHS support for social care. I am writing to emphasise the importance of this guidance and the need to transfer resources to Local Authorities in a timely manner.

PCTs have received significant allocations to support social care (£162m nationally in 10/11 and £648m in 11/12) and it is essential that you make arrangements to pass these resources over to your Local Authority partners in full. I have agreed with Jon Rouse (CE, Croydon Council and LA CE lead for health) that local government in London should be able to use the resources identified for transfer through s256 to meet the rising costs of existing social care provision and that we should not expect this money to be used to fund new and additional services. At the same time, he accepts that there is a legitimate expectation that Local Authorities will work with the NHS to devise more efficient and productive ways of combining resources to reduce cost pressures in both the health and social care system.

It is important that Local Authorities have confirmation that resources are available for 11/12 as soon as possible. (I am assuming that you have already made arrangements to transfer the 10/11 resources). I would therefore ask you to reach agreement with your Local Authority colleagues about arrangements for transfer of 11/12 resources by the end of February at the very latest.

For clarity, this letter refers specifically to the use of the resources allocated to PCTs to support social care. While I also expect you to work with your Local Authority partners to plan the use of resources allocated to PCTs for re-ablement, the use of the re-ablement resources is to be determined locally.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ruth Carnall', written over a long, thin horizontal line that extends across the page.

Ruth Carnall
Chief Executive

London Strategic Health Authority

Interim Chair: Professor Mike Spyer

Chief Executive: Ruth Carnall CBE

CABINET AGENDA DISTRIBUTION LIST
(Meeting held jointly with the Southwark NHS PCT)

MUNICIPAL YEAR 2010/2011

NOTE: Original held by Constitutional Team; all amendments/queries to
 Everton Roberts Tel: 020 7525 7221

To	Copies	To	Copies
Cabinet Members	1 each	Officers	
P John / I Wingfield / F Colley / D Dixon-Fyle / B Hargove / R Livingstone / C McDonald / A Mohamed / V Ward		Doreen Forrester-Brown, Legal	1
Other Councillors	1 each	Trade Unions	
N Coyle / T Eckersley / G Edwards / H Morrissey / D Hubber / T McNally / P Noblet / E Oyewole / L Rajan / A Simmons / M Glover		Roy Fielding, GMB	1
Health & Adult Care Scrutiny Members	1 each	Mick Young, UNITE	1
M Bukola / D Capstick / V Mills / D Noakes / K Rhoden		Euan Cameron, Unison	1
Cabinet/Opposition Officers		Tony O'Brien, UCATT	1
John Bibby, Cabinet Office	1	Others	
Paul Green, Asst. to the Opposition Group	1	Shahida Nasim, Audit Commission	1
Press		Constitutional Team, Tooley Street	4
Southwark News	1	Vicky Bradding, Tooley Street	25
Paul Rhys, South London Press	1	Total:	73
Members of Parliament			
Harriet Harman, MP	1		
Tessa Jowell, MP	1		
Simon Hughes, MP	1		
Corporate Managers			
Susanna White	1		
Romi Bowen	1		
Deborah Collins	1		
Gill Davies	1		
Eleanor Kelly	1		
Duncan Whitfield	1		
Gerri Scott			

Dated: 6 February 2011